

Foster Family Home - Corrective Action Report

Provider ID: 1-190041

Home Name: Vladimir Francis Agonoy, CNA **Review ID:** 1-190041-5
94-1084 Hoomakoa Street **Reviewer:** Maribel Nakamine
Waipahu HI 96797 **Begin Date:** 4/12/2021

| Foster Family Home | Required Certificate | [11-800-6] |
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Unannounced recertification inspection for a 3 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due to CTA on 5/12/2021.

PCG requests to increase from 2 client to 3 client CCFFH.

| Foster Family Home | Background Checks | [11-800-8] |
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- CG#1's APS/CAN/Fingerprinting lapsed on 12/4/2020; CG#2's APS/CAN/Fingerprinting lapsed on 5/10/2020. Both had no current results present in the CCFFH binder.

| Foster Family Home | Information Confidentiality | [11-800-16] |
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16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- No confidentiality policies and procedures and client privacy rights training present for CG#3 in the CCFFH binder.

| Foster Family Home | Personnel and Staffing | [11-800-41] |
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41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(b)(7)- CG#2's TB clearance lapsed on 2/18/2021 and renewed on 3/27/2021.

41.(g)- No basic skills checklist present for CG#3 in Client #1's chart.

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Client Care and Services

[11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)- No RN delegation present in Client #1 and Client #2's charts for CG#3 on [REDACTED] administration.

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Fire Safety

[11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a), (b)(2)- No monthly fire drill conducted for the month of March 2021. CG#3 without evidence of having conducted a monthly fire drill for the CCFFH.

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Records

[11-800-54]

54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(b)- No signatures of caregivers for each dated entry in Client #1's observation/progress notes from 6/18/2020-3/17/2021.

54.(c)(2)- Client #1's Service Plan dated 12/5/2020 and 4/6/2021 was without client's signature. Client #2's Service Plan dated 12/5/2020 contained no signature of POA/Client,

Maribel Nakamura, RN 4/12/2021

Compliance Manager

Date

[Signature]

Primary Care Giver

Date

4.12.2021